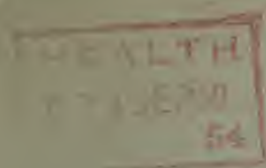


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DARFIELD  
URBAN DISTRICT COUNCIL

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ANNUAL REPORT  
OF THE  
MEDICAL OFFICER  
FOR THE YEAR 1949

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WOMBWELL :  
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1950



DARFIELD  
URBAN DISTRICT COUNCIL

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The Gables,  
WOMBWELL,  
Nr. Barnsley.

August, 1950.

Mr. Chairman and Gentlemen,

I have the honour to present to you the Annual Report on the Health and Social conditions of your Urban District for the year ended 31st December, 1949. This is my third annual report as your Medical Officer of Health. The report is written in accordance with the Ministry of Health Circular No. 2/50 and is in the nature of an interim report only.

The vital statistics are not so favourable as those for the previous year. The crude death rate for all ages, the infant mortality rate and the maternal mortality rate all revealed marked increases though on the other side of the picture, and perhaps to compensate, the birth rate showed a slight rise and the incidence of notifiable infectious diseases an appreciable fall. It must be recognised that in a district like yours with a relatively small population, wide fluctuations in the annual vital statistics may occur and yet be of no statistical significance and it would be unjustifiable to draw from the statistics adverse conclusions without those conclusions were supported by other evidence. Last year there was one maternal death which gave a maternal mortality rate for the district of 8.9 per 1,000 total births, a rate 8 - 9 times higher than that for England and Wales. It would be obviously totally unjustifiable to draw the conclusion from this one statistic that there was something seriously wrong with the maternity service arrangements for the district, indeed such arrangements are at least up to the average for the country and most importantly the number of expectant mothers availing themselves of these arrangements is probably higher than the average. The same remarks could apply to the high infant mortality rate last year when the number of infant deaths from congenital causes alone, and which cannot be considered preventable in our present state of knowledge, brought the infant mortality rate almost to the level of that for England and Wales for all causes. I do not wish to imply from what I have said that the adverse vital statistics of last year can be disregarded completely, they cannot, but they should be considered in their true perspective with other health factors and a sense of proportion maintained.

In my last annual report I pointed to the handicap under which a Medical Officer of Health worked by being deprived of the vital information regarding morbidity statistics. That handicap still exists but I believe there are signs that in the not too distant future these statistics in some tangible form will be made available to him. For 1949 I can only report no serious epidemic of disease was prevalent in the district at any time during the year and that to the best of my knowledge the health of the population was satisfactory. In considering the state of health of a community let us not think purely in terms of absence of sickness. Real health implies something more positive, the joy of living as well as the absence of sickness and this is measured in terms of good housing and working conditions, an adequate and varied diet, pleasant surroundings for one's leisure with the amenities to enjoy it, conditions, in fact, which have no strict medical classification but which are the first essentials of positive health. While much remains to be done, material progress in the building of new houses and the repair of the old was made last year, careful attention was paid to the parks and the recreational facilities in the district and plans for future improvements, and I would particularly stress the proposed building of a community centre, were laid. All of them are valuable contributions towards the aim of a truly healthy community and the eradication of sickness, physical or mental, from the district.

I am glad once again to include in my report, a report prepared by your Sanitary Inspector, Mr. C. Cawthorne, on the sanitary circumstances of the district. I would also wish to record my grateful thanks to the members of the Council for their continued interest in all matters relating to the health of the district, to the officials of the Council for their willing support and co-operation and to my Divisional Health Office staff for the enthusiasm they have shown in the health services of the area.

I remain,

Your obedient servant,

R. S. HYND,

M.B., Ch.B., D.P.H.

Medical Officer of Health.

DARFIELD URBAN DISTRICT COUNCIL.

# ANNUAL REPORT

FOR THE YEAR — 1949.

## Statistics and Social Conditions of the Area.

Area	... ..	2,018 acres
Population (Census 1931)	... ..	5,260
Registrar-General's estimate of Resident Population, mid 1949	... ..	6,152
Number of inhabited houses (31st December, 1949)	... ..	1,878
Rateable value as at 31st December 1949		£21,644
Nett product of a Penny Rate as at 31st March, 1949	... ..	£79/9/1

Coal mining is the principal occupation of the population and apart from two small factories is the only industry in the district.

## VITAL STATISTICS.—Births.

### Live Births.

	Males	Females	Total
Legitimate	54	50	104
Illegitimate	4	4	8
TOTALS	58	54	112

The number of live births registered shows an increase of 7 over the previous year with a birth rate of 18.20 per 1,000 estimated population as compared with 17.40 for 1948. The birth rate for England and Wales was 16.7 per 1,000 estimated population as against 17.9 for the previous year.

### Still Births.

There were no still births last year as against 4 in the previous year with a still birth rate of 0.66 per 1,000 estimated population. The still birth rate for England and Wales was 0.39 per 1,000 estimated population as compared with 0.42 in 1948.



## Deaths.

For the first time since 1939 the Registrar General supplied a comparability factor for the district so that an adjusted death rate could be compiled to compare with similar rates in other areas and to the rate for the country as a whole. The crude death rate for the district in 1949 was 11.38 per 1,000 estimated population as compared with 9.79 for the previous year. The adjusted death rate, which is obtained by multiplying the crude death rate with the comparability factor, was 12.74 per 1,000 estimated population which compares with 11.7 for England and Wales. The total number of deaths was 70, 35 males and 35 females, and was 11 more than in 1948.

### CAUSES OF DEATH IN 1949.

CAUSES OF DEATH		Males	Females
All Causes .....		35	35
1 Typhoid and Paratyphoid Fevers .....	.....	—	—
2 Cerebro-Spinal Fever .....	.....	—	—
3 Scarlet Fever .....	.....	—	—
4 Whooping Cough .....	.....	1	—
5 Diphtheria .....	.....	—	—
6 Tuberculosis of Respiratory System .....	.....	1	—
7 Other forms of Tuberculosis .....	.....	—	—
8 Syphilitic Diseases .....	.....	—	—
9 Influenza .....	.....	—	—
10 Measles .....	.....	—	—
11 Acute Poliomyelitis and Polio-Encephalitis .....	.....	—	—
12 Acute Infantile Encephalitis .....	.....	—	—
13 Cancer of buc. cav. and oesoph (m) .....	.....	—	—
uterus (f) .....	.....	—	1
14 Cancer of Stomach and Duodenum .....	.....	1	3
15 Cancer of Breast .....	.....	—	—
16 Cancer of all other sites .....	.....	6	4
17 Diabetes .....	.....	—	—
18 Intracranial vascular lesions .....	.....	2	3
19 Heart Diseases .....	.....	7	9
20 Other diseases of circulatory system .....	.....	1	2
21 Bronchitis .....	.....	7	2
22 Pneumonia .....	.....	3	1
23 Other respiratory diseases .....	.....	—	—
24 Ulcer of Stomach or Duodenum .....	.....	—	—
25 Diarrhoea under 2 years .....	.....	—	2
26 Appendicitis .....	.....	—	—
27 Other digestive diseases .....	.....	—	2
28 Nephritis .....	.....	1	—
29 Puerperal and Post Abortion Sepsis .....	.....	—	—
30 Other maternal causes .....	.....	—	1
31 Premature Birth .....	.....	—	1
32 Congenital malformation, birth injury, .....	.....	—	—
infantile disease .....	.....	2	—
33 Suicide .....	.....	—	—
34 Road traffic accidents .....	.....	2	—
35 Other violent causes .....	.....	—	3
36 All other causes .....	.....	1	1



## Deaths in Age Groups.

	Males	Females	Total
Under 1 year	4	3	7
1—5 years	—	—	—
5—10 years	1	—	1
10—15 years	1	—	1
15—20 years	—	—	—
20—25 years	1	—	1
25—35 years	—	2	2
35—45 years	3	2	5
45—55 years	3	2	5
55—65 years	3	4	7
65—70 years	5	5	10
70—75 years	5	7	12
75—80 years	4	2	6
80—85 years	2	5	7
85—90 years	3	3	6
90 and over	—	—	—
TOTALS	35	35	70

The increase in the number of deaths over the previous year was in the main due to the increase in the number of deaths in persons of 70 years and over and the larger number of infant deaths. The commonest causes of death were heart and circulatory diseases, cancer and respiratory diseases of non-tuberculous origin.

## Infantile Mortality.

There were 7 deaths during the year of infants under the age of one year giving an infantile mortality rate of 62.50 per 1,000 live births as compared with 28.57 for the previous year and 32 for England and Wales. The table below shows the causes of and the ages at death. Of the 7 deaths 3 were from congenital causes and prematurity and not preventable with our present knowledge. Whether the remaining four deaths were preventable I am not prepared to argue, the number is too small to permit impersonal comment, but I cannot refrain from a general observation that of the 4 deaths 3 were in bottle fed infants, including the two infants dying of gastro-enteritis. The most important single preventive measure against this disease is for all mothers to breast feed their

infants and it is a matter for regret that the incidence of breast feeding has declined throughout the country in recent years. From an enquiry into the incidence of breast feeding among all the babies born in your district in 1949 the following interesting statistics were revealed.

No. of babies breast fed for less than 1 month :  
= 18 or 18.2% of total

No. of babies breast fed for more than 1 month but  
less than 3 months : ... .. = 22 or 22.2% of total

No. of babies breast fed for more than 3 months but  
less than 6 months : ... .. = 39 or 39.4% of total

No. of babies breast fed for 6 months or longer :  
= 20 or 20.2% of total

These figures are indeed higher than those applicable to other districts in my division but nevertheless they show considerable room for improvement and will need to improve if the infant mortality and morbidity rates in the district are to decline.

## INFANTILE MORTALITY IN 1949

Nett deaths from stated causes under one year of age.

Causes of Death	Under 1 week	1-2 weeks	2-3 weeks	3-4 weeks	Total under 1 month	1-3 months	3-6 months	6-9 months	9-12 months	Total under 1 year
Premature birth, malformation, etc. ....	2	—	—	—	2	—	1	—	—	3
Gastro-Enteritis .....	—	—	—	1	1	1	—	—	—	2
Broncho-Pneumonia .....	—	—	—	—	0	1	—	—	—	1
Whooping Cough .....	—	—	—	—	0	—	—	1	—	1
	2	—	—	1	3	2	1	1	—	7

### Maternal Mortality.

One maternal death occurred during the year, the baby being still-born.

# PRINCIPAL VITAL STATISTICS FOR THE YEAR 1949

Based on Registrar General's figures.

	Darfield Urban District	Aggregate W. Riding Urban Districts	West Riding Admin. County	England and Wales (prov'nal figures).
Birth Rate (per 1,000 estimated population)	18.2	16.8	17.2	16.7
Death Rates (all per 1,000 estimated population)				
All Causes .....	11.4	12.5	12.1	11.7
Zymotic Diseases (7 principal) .....	0.49	0.08	0.08	not available
Tuberculosis of Respiratory System	0.16	0.32	0.32	0.40
Other forms of Tuberculosis .....	0.00	0.05	0.05	0.05
Respiratory Diseases	2.11	1.48	1.44	not available
Cancer .....	2.44	1.88	1.81	1.87
Heart & Circulatory Diseases .....	3.09	4.36	4.19	not available
Infant Mortality .....				
(Deaths under 1 year per 1,000 live births) ....	63	37	38	32
Diarrhoea .....				
(Deaths in infants under 2 years of age per 1,000 live births) ....	17.86	3.01	3.27	3.0
Maternal Mortality .....				
(Deaths of mothers in childbirth per 1,000 live and still births) .....	—	0.15	0.15	0.22
Puerperal Sepsis .....	8.93	0.60	0.68	0.76
Other maternal causes				
TOTAL .....	8.93	0.75	0.83	0.98

# Birth Rates, Civilian Death Rates, Analysis of Mortality, Maternal Mortality and Case Rates for certain Infectious Diseases in the Year 1949.

England and Wales, London, 126 Great Towns and 148 Smaller Towns.  
(Provisional Figures based on Quarterly Returns).

	Darfield U.D.C.	England and Wales	126 C.B.'s and great towns, including London	148 smaller towns, resident population 25,000 - 50,000 at 1931 census	London Adm nis. County
Rate per 1,000 civilian population					
<b>Births :</b>					
Live .....	18·2	16·7	18·7	18·0	18·5
Still .....	0·0	0·39	0·47	0·40	0·37
<b>Deaths :</b>					
All causes .....	11·4	11·7	12·5	11·6	12·2
Typhoid and Para- typhoid fever .....	0·0	0·0	0·0	0·0	0·0
Pneumonia .....	0·65	0·51	0·56	0·49	0·59
Whooping Cough .....	0·16	0·01	0·02	0·01	0·01
Diphtheria .....	0·0	0·0	0·0	0·0	0·0
Influenza .....	0·0	0·15	0·15	0·14	0·11
Smallpox .....	0·0	0·0	0·0	0·0	0·0
Tuberculosis .....	0·16	0·45	0·52	0·42	0·52
Acute Poliomyelitis & Polio-Encephalitis .....	0·0	0·01	0·02	0·02	0·01
<b>Notifications :</b> (corrected)					
Typhoid Fever .....	0·0	0·01	0·01	0·01	0·01
Paratyphoid Fever .....	0·0	0·01	0·02	0·01	0·01
Cerebro-Spinal Fever .....	0·0	0·02	0·03	0·02	0·02
Scarlet Fever .....	0·81	1·63	1·72	1·83	1·46
Whooping Cough .....	12·19	2·39	2·44	2·39	1·70
Diphtheria .....	0·00	0·04	0·05	0·04	0·07
Erysipelas .....	0·16	0·19	0·20	0·19	0·17
Smallpox .....	0·0	0·0	0·0	0·0	0·0
Measles .....	0·97	8·95	8·91	9·18	8·54
Pneumonia .....	0·81	0·80	0·91	0·65	0·55
Acute Poliomyelitis .....	0·0	0·13	0·13	0·12	0·18
Acute Polio-Encephalitis .....	0·0	0·01	0·01	0·02	0·01
Food Poisoning .....	0·16	0·14	0·16	0·14	0·19
Rates per 1,000 Live Births					
Deaths under 1 year of age .....	62·5	32	37	30	29
Deaths from Diarrhoea and Enteritis under 2 years of age .....	17·8	3·0	3·8	2·4	1·7
Rates per 1,000 Total (Live and Still) Births					
<b>Notifications :</b> (corrected)					
Puerperal Fever and Pyrexia .....	0·00	6·31	8·14	5·30	6·82
<b>Maternal Mortality :</b>	Rate per 1,000 Total Births (Live and Still)		Rates per million women aged 15-44		
	Darfield U.D.C.	Eng. & Wales	Eng. & Wales		
Abortion with Sepsis ..	0·0	0·11	8		
Abortion without Sepsis ..	0·0	0·05	4		
Puerperal Infections .....	0·0	0·11			
Other maternal causes ..	8·93	0·71			

## **GENERAL PROVISIONS OF THE HEALTH SERVICES.**

Since the introduction of the National Health Service Act in July, 1948, hospital management and control passed into the hands of the Regional Hospital Boards. Your district lies within the area controlled by the Sheffield Regional Hospital Board. The duty of providing residential accommodation for the aged and infirm and those in need of care and attention still remains with the Local Health Authorities and for your district this duty is discharged by the County Council. Requests for such accommodation from Darfield residents were few last year but those who did make application were found accommodation with little delay in one of the hostels or institutions within the County area.

### **Hospitals.**

#### **(a) General.**

General hospital services were provided through the Beckett Hospital and the St. Helen Hospital, Barnsley. The general hospitals in Sheffield were also available when required. Hospital accommodation for the chronic sick and for patients suffering from mental disorder was limited and difficulty was experienced during the year in obtaining early hospital admission for such patients. This difficulty still remains though conditions are improving.

#### **(b) Infectious Diseases Hospitals.**

Patients suffering from infectious diseases and requiring hospital treatment were admitted during the year to the Kendray Hospital, Barnsley. Ambulance conveyance for such patients was arranged through the hospital service.

#### **(c) Maternity Hospitals.**

Maternity cases requiring hospital treatment were usually admitted to the following hospitals :

St. Helen Hospital, Barnsley.

Hallamshire Maternity Home, Chapeltown.

Pindar Oaks Maternity Home, Barnsley.

Listerdale Maternity Home, Wickersley.

The services of the Jessop Hospital, Sheffield, were also available for abnormal obstetric cases.



## **Tuberculosis.**

From an administrative viewpoint the Tuberculosis scheme worked smoothly, there was the closest liaison between the chest physician and myself with the fullest interchange of information so that each could perform his work in the knowledge of all the available facts. The duty of providing after-care arrangements for tuberculous patients remained with the Local Health Authority and many facilities were provided. On the advice of the chest physician extra nourishment in the form of a free milk allowance was given to those patients for whom it was indicated on medical grounds and open air shelters, with the loan of the necessary bed and bedding, were provided for suitable cases. Regular visits to tuberculous patients were made by the Tuberculosis Visitor and advice given on the precautions to be taken in the home against the spread of infection.

## **Venereal Diseases.**

The nearest centre for Darfield patients for the diagnosis and treatment of these diseases is in Barnsley.

Address :

Special Treatment Centre, Queen's Road, Barnsley.

Other centres are situate at Rotherham, Sheffield and Doncaster and a patient suffering from Venereal Disease is at liberty to attend at the centre of his choice. Treatment is completely confidential.

## **Ambulance Service.**

The ambulance service for your district is organised by the West Riding County Council and operates from the Hoyland Depot. Individual figures for your district of the number of journeys made and the number of patients carried during the year are not available but it is estimated that since the introduction of the National Health Service Act the demand on the County Ambulance Service has been doubled and 90% of the increase has been in connection with the hospital out-patient traffic. While the ambulance service has been strengthened by the addition of new vehicles, some equipped with wireless control sets, it is obvious that such a tremendous increase in the ambulance traffic threw a considerable strain on the ambulance resources. Priority for ambulances was invariably given for accident and emergency cases and ambulances were always kept in reserve at the depots

so that these cases could be dealt with expeditiously. It was the 90% increase in the hospital out-patient traffic which caused the greatest difficulty to the service and one cannot help wondering how this traffic came to increase so greatly in so short a time and whether the need for an ambulance invariably existed. I feel that many people are under the mistaken impression that the National Health Service Act gave them an automatic entitlement to the ambulance service for all journeys to hospital whereas the entitlement to the use of an ambulance is dependent on physical need. If a patient attending the out-patient department of a hospital is able, without physical harm, to undertake the journey by 'bus he is expected to use this form of transport and not ask for the use of an ambulance because it is easier and cheaper. This point must be made because I believe the success of the ambulance service is dependent on its intelligent and careful use by all, particularly if the cost of the service is to be kept within reasonable limits.

### **Home Nursing Service.**

Since the introduction of the National Health Service Act the scope of the Home Nursing Service has been greatly widened, a fact which was clearly reflected in the greatly increased volume of work which was asked of the Home Nurse last year. During the year the Home Nurse made 2,806 visits to patients in the district, nursing the child as well as the adult and the acute illness as well as the chronic. The service was not only of very real value to the patients and the family doctor but was also of assistance to the hospitals in the solution of some of their accommodation problems. But for the home nursing service some of the patients who were nursed at home would have needed a hospital bed and others who were admitted to hospital might have been detained there longer if a home nursing service had not been available to help in the convalescent treatment. It proved of particular value in relieving the hospital bed shortage for the chronic sick and I am sure that without its help the demands for this type of accommodation would have been more urgent. When the housing situation improves there will be even more opportunity for home nursing which I believe will prove of particular benefit in the nursing of children and old people for whom, especially, unnecessary hospitalization is to be avoided.

### **Home Help Service.**

There was a very considerable expansion of the work of the Home Help Service during the year due in the main to the increasing volume of assistance given to the aged, sick



and infirm. The Home Help Service was originally planned to meet the particular needs of domiciliary midwifery but later extended to include all illnesses in the mother and the aged sick. How much the latter group can be assisted by the Local Authority and how much assistance must come from relatives and neighbours is a very thorny problem and one which I do not propose to discuss here. But I would like to make two points which in my view have a vital bearing on the well-being and efficiency of the home help service.

Before any household can be assisted by the service the need for assistance must be real and again all householders receiving assistance must be prepared to contribute something towards the cost according to their circumstances. The public must regard the service not as a free service with an automatic entitlement in case of illness but as a service to be sought only when a genuine emergency arises. It is my experience that the need for the service exists in your district and providing the public never look upon it as some form of cheap domestic labour but accept its true purpose and function the service will continue to prosper to the benefit of all.

### **Laboratory Service.**

The laboratory service was provided by the Public Health Laboratory in Wakefield, a national service under the control of the Medical Research Council. The laboratory is equipped to deal with all bacteriological and pathological examinations and a complete investigation is undertaken and report furnished for every specimen sent for examination.

Samples of milk taken under the Food and Drugs Act for clinical analysis were examined by the Public Analyst at Bradford at the expense of the County Council.

### **Maternity and Child Welfare Service.**

Maternity and Child Welfare Services are provided by the West Riding County Council and Clinics are held in the Methodist Church, Barnsley Road. Infant Welfare Clinics are held weekly on Wednesday afternoons and 49 sessions were held during the year. There was an attendance of 2,914 children, an average of 59.4 per session and 101 children were seen for the first time of whom 99 were under the age of one year. 844 children were examined by the doctor, an average of 17.2 per session.

The Clinic is staffed by a part-time Medical Officer and a whole-time Health Visitor and it is well for all to appreciate the primary function of the Clinic. It is instructional, to teach

the art of mothercraft, to correct feeding difficulties and generally to prevent infant ailments. The Clinic has a much greater preventive importance than curative and is in no way intended to replace the family doctor's surgery for the treatment of the ailing child. The preventive aspect of Child Welfare Clinics is not always realised and often too much consideration is given to the curative side and the sale of infant foods. I believe the success of Darfield Welfare Clinic is largely because this preventive and educational aspect of child welfare is always kept to the fore-front.

Ante-Natal Clinics are held on the mornings of the 2nd and 4th Fridays of the month. The Clinics are staffed by a part-time Medical Officer, a Health Visitor and the Midwife engaged for the case.

24 sessions were held during the year at which 89 women made 362 attendances with an average attendance of 15.0 per session. 16 women made 16 attendances for the purpose of post-natal examination. The percentage of expectant mothers who receive their ante-natal care through the Clinic remains very high but while there was some improvement in post-natal attendances the value of this examination is still not appreciated by the majority of women. A great deal of encouragement is being given by the Clinic Staff to the mothers to have this examination and eventually I believe their efforts will be rewarded.

## **SANITARY CIRCUMSTANCES OF THE AREA.**

### **Housing.**

The number of inhabited houses in the district at the end of the year was 1,878. 60 new houses were built during the year all of which were built by your council. A detailed analysis of the housing position is given in the report of the Sanitary Inspector.

### **Water Supplies.**

The water supply for the district, which is a piped supply, is obtained from disused colliery workings, supplemented by water from the Roebuck reservoir, a mixed supply from the Sheffield County Borough upland water supply and the Everill Gate well of the Dearne Valley Water Board. In emergency, water supplies can be obtained from the Roebuck reservoir in whole, from the Barnsley County Borough upland supply or Roebuck water source blended with water from the Highgate Colliery disused workings. The water is filtered

and chlorinated and monthly samples are sent to the analyst for test. All samples were reported satisfactory during the year. As an additional precaution the sources of supply are tested weekly for purity. During 1949 the water remained very hard with 65 parts of total hardness per 100,000 of which about 50% was permanent hardness. In March of this year the new water softening plant in the district was partially completed and the total hardness reduced to 40 - 45 parts per 100,000. It is expected the plant will be wholly in operation in September of this year when the total hardness of the water will be reduced to between 15 - 20 parts per 100,000.

Due to the inadequacy of the treated water storage, the district is dependent on the maintenance of pumping for an adequate water supply to all the houses. If the pumping plant fails temporarily the high levels of Darfield may receive an inadequate supply and it is to obviate this that the building of a new treated water storage reservoir has begun and which should be completed towards the end of this year.

## INFECTIOUS DISEASES

### Notifiable Diseases (other than Tuberculosis) during 1949.

	Total Cases notified	Admitted to Hospital	Deaths
Measles .....	6	1	—
Whooping Cough .....	75	2	1
Smallpox .....	—	—	—
Scarlet Fever .....	5	3	—
Diphtheria .....	—	—	—
Enteric Fever .....	—	—	—
Puerperal Pyrexia .....	—	—	—
Pneumonia .....	5	—	4
Encephalitis Lethargica .....	—	—	—
Acute Poliomyelitis .....	—	—	—
Erysipelas .....	1	—	—
Cerebro-Spinal Fever .....	—	—	—
Food Poisoning .....	1	—	—
<b>TOTALS</b>	<b>93</b>	<b>6</b>	<b>5</b>

### Diphtheria.

For the fourth successive year no case of diphtheria was reported in the district. I am glad to report that once again the percentage of children immunised against diphtheria rose and I am particularly glad to note the continued rise in the percentage of immunised children in the lower age group even though the increase was small. There is still a marked dis-

parity between the two age groups but at least there are signs that the gap is closing. The percentage of children immunised in the age group 0—4 rose from 48.3% to 48.5% and those in the age group 5—15 from 90.9% to 95.7%. The overall figure for all children immunised under the age of 15 was 77.0% as compared with 73.7% for last year.

### **Measles.**

Last year was a non-epidemic year for Measles and only 6 cases were reported. The disease was of a mild character and it caused little ill-health among the patients.

### **Whooping Cough.**

The number of cases of Whooping Cough notified last year rose from 6 in 1948 to 75. Two of the children were admitted to hospital because of complications and there was one death from the disease in an infant aged 7 months. Search for a potent vaccine against the disease continues but though much progress has been made it cannot yet be said that mass immunisation against whooping cough is assured of the same degree of success as that which has attended mass immunisation against diphtheria. That an answer to this problem will be found, and found in the near future, I am convinced and with this success one more milestone in the prevention of infectious diseases will have been reached.

### **Scarlet Fever.**

The number of Scarlet Fever cases notified during the year was 5, of whom 3 were admitted to hospital, as against 7 in 1948 and 33 in 1947. The disease was again of a mild character and no untoward complications were reported.

### **Tuberculosis.**

The number of new cases of Tuberculosis notified during the year was 13 as compared with 9 during 1948 and 10 during 1947. There was one death from this cause. All the new cases were pulmonary infections and the growing incidence of this disease must give rise to some concern. As I pointed out in my last annual report the greatest limiting factor in the prevention of the disease is the almost insuperable difficulty from a practical standpoint in treating the disease as an acute infectious illness. The effective isolation of the open case is far easier said than done because the period of infectivity, unlike other infectious diseases, is measured in months rather than in weeks. Here I would again like to



thank the Council for the generous help it gave me last year in re-housing open cases of Pulmonary Tuberculosis where such re-housing was indicated as a measure of prevention.

Limited trials with B.C.G. vaccine to protect susceptible children who are contacts of open cases of Pulmonary Tuberculosis are being undertaken but they are no more than trials at present and only small results can be expected from them. A most potent source of infection is the undiagnosed case and such cases are by no means uncommon because the disease is often insidious in onset and causes little, if any, ill-health in its early stages. For this reason it is necessary to X-Ray the healthy as well as the unfit if all sources of infection are to be found. Mass radiography therefore must be regarded not only as a curative measure by allowing the detection of Pulmonary Tuberculosis in the early stages when the prospects of cure for the patient are undoubtedly the brightest but also as a weapon of prevention for detecting the hidden sources of infection. I hope its introduction into your district will eventually be realised and the public will accept it as an essential part of the health service.

#### Tuberculosis Cases notified during the year 1949.

Age Periods	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M	F	M	F	M	F	M	F
0 .....	—	—	—	—	—	—	—	—
1 .....	—	—	—	—	—	—	—	—
5 .....	—	1	—	—	—	—	—	—
15 .....	2	1	—	—	—	—	—	—
25 .....	—	2	—	—	—	—	—	—
35 .....	—	4	—	—	—	—	—	—
45 .....	2	—	—	—	—	—	—	—
55 .....	—	—	—	—	—	—	—	—
65 and upwards	1	—	—	—	1	—	—	—
TOTALS .....	9	4	—	—	1	—	—	—



# ANNUAL REPORT

of the  
SANITARY INSPECTOR FOR THE YEAR 1949

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To the Chairman and Members of the  
Darfield Urban District Council.

Mr. Chairman and Gentlemen,

I have the honour to present the Annual Report for 1949 on the work of the Sanitary Department.

This report has been prepared by me on behalf of Mr. J. Hinchliffe and Mr. J. Finney. Mr. Hinchliffe was in office until September 1949 and Mr. Finney of Wombwell U.D.C. was acting Sanitary Inspector from October to December, 1949.

## HOUSING STATISTICS.

### (1) Inspections of dwelling houses during the year.

- |  |     |
|--|-----|
| 1. (a) Total number of dwelling houses inspected for housing defects (under the Public Health or Housing Acts) ... ..                                    | 151 |
| (b) Number of inspections made for the purpose ...   | 352 |
| 2. (a) Number of dwelling houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations ... .. | 0   |
| (b) Number of inspections made for the purpose ...   | 0   |
| 3. (a) Number of dwelling houses needing further action :—   |     |
| Number considered to be in a state so dangerous or injurious to health as to be unfit for human habitation ... ..  | 0   |
| (b) Number (excluding those in sub-head (3) (a) above) found not to be in all respects reasonably fit for human habitation ... ..                        | 0   |

(2) **Remedy of defects during the year without service of formal notices.**

Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their officers ... .. 121

(3) **Action under Statutory Powers during the year.**

A. **Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936 :—**

(1) Number of dwelling houses in respect of which notices were served requiring repairs ... .. 2

(2) Number of dwelling houses which were rendered fit after service of formal notices :

(a) By owners ... .. 2

(b) By local authority in default of owners ... 0

B. **Proceedings under Public Health Acts :—**

(1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied ... .. 34

(2) Number of dwelling houses in which defects were remedied after service of formal notices :—

(a) By owners ... .. 15

(b) By local authority in default of owners ... 12

**New Houses.**

During the year 60 new houses were provided by the local authority.

None were built by private enterprise.

**PUBLIC HEALTH ACT.**

**Nuisance Inspections.**

Total number of inspection made in 1949 for nuisances only - 469.

Number of informal notices served - 129.

Number of statutory notices served - 35.

Nuisances abated during 1949 - 193.



### Moveable Dwellings.

There is one licensed camping site in the district, and this has been inspected 3 times. On each occasion conditions were satisfactory.

### Refuse Disposal.

The collection of refuse has been maintained throughout the year and the cost of this service was approximately £1,888. This was £143 more than the previous year but the increase was largely due to the additional number of houses in the district. All refuse was disposed of by controlled tipping.

### Infectious Disease.

During the year 8 cases of infectious disease were reported and investigation and disinfection was carried out.

### Verminous Premises.

During the year 2 bug infested premises were discovered and disinfestation carried out.

## FACTORIES ACTS.

### 1. Inspections for purpose of provisions as to health.

Premises	No. on Register	Number of		
		Inspect- ions	Written notices	Occupiers prose- cuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	3	12	Nil	Nil
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	3	20	Nil	Nil
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	1	45	Nil	Nil
TOTAL	7	77	Nil	Nil

## INSPECTION AND SUPERVISION OF FOOD.

### Milk Supply.

During the year the supervision of milk production on the farm passed over to the Ministry of Agriculture and Fisheries. At the time of handing over this duty to the Ministry there were 10 registered cow-keepers in the district, all of which were generally satisfactory.

### Meat Inspection.

During the year 79 pigs were inspected at the two registered slaughter houses and the following condemnations were made for various diseases :

- 6 Heads, tuberculosis.
- 1 carcase, pneumonia and fever.
- 1 part carcase, tuberculosis.
- 4 kidneys, nephritis and retention cysts.
- 5 livers, tuberculosis.
- 2 lungs, tuberculosis.
- 5 mesentery, tuberculosis.
- 1 spleen, tuberculosis.

### Other Foods.

During the year 7 tins of milk were found to be unfit for consumption and were surrendered by the shopkeepers concerned and destroyed.

Yours faithfully,

C. CAWTHORNE,

Sanitary Inspector.









